

Routi. J. Application

Finance Review

Form # 908

Name: Hopkins ShaneSBI#: 253918

Risk Assessment Scale: Community/Minimum Minimum Medium Maximum  
 -2 to 04 05 - 08 09 - 16 17 or more

Override: ☐ Yes ☒ No If yes, briefly specify reason: NA

Mandatory Policy Override Removal Approved By Warden/Designee NA

	Present	ICB or MDT Recommendation	IBCC Recommendation/ Decision	CICB Recommendation/ Decision	IRCB Decision
Security	Med HC				
Housing	23				
Job		Kitchen	appd		
Education					
Therapy					
Other					
Other					
Next Review Date		Month Year 07/04	Month Year 8/04	Month Year /	

MDT or ICB MEMBERS PRESENT		<u>L.R. Potter, C Arnold</u>		Vote: <u>20</u> Abstention:	
MDT or ICB CHAIRPERSON		<u>L.R. Potter</u>		Date: <u>5/3/04</u>	
MDT or ICB COMMENTS					
IBCC CHAIRPERSON		<u>[Signature]</u>		Date: <u>5/11/04</u> Vote: <u>30</u> Abstention:	
Override (include justification in comments)		Comments:			
CICB CHAIRPERSON		Date:		Vote: Abstention:	
Override (include justification in comments)		Comments:			
IRCB CHAIRPERSON:		Date:		Approved: Disapproved:	
Override (include justification in comments)		Comments:			

D00335

FORM # 908

## CLASSIFICATION DECISION PAGE

Name: Hopkins ShaneSBI#: 253918

Risk Assessment Scale: Community/Minimum Minimum Medium Maximum  
 -2 to 04 05 - 08 09 - 16 17 or more

Override: ☐ Yes☒ NoIf yes, briefly specify reason: NA

	Present	ICB or MDT Recommendation	IBCC Recommendation/ Decision	CICB Recommendation/ Decision	IRCB Decision
Security	Med HC	cont. med HC	Approved		
Housing					
Job		Kitchen			
Education	On list	G.E.D.			
Therapy	On PR, TFC	PR, MH, TFC			
Other	List	Stress			
Other					
Next Review Date		Month Year 07/04	Month Year 07/04	Month Year /	

MDT or ICB MEMBERS PRESENT		Lt Ricky Potter, Casore Arnold		Vote: 2-0
MDT or ICB CHAIRPERSON		Lt R Potter		Abstention:
MDT or ICB COMMENTS		Recommend continue medium/high security. Participate in PR, MH, TFC, and stress. Recommend work in the kitchen.		Date: 07/08/03
IBCC CHAIRPERSON		Thomas Zanda		Vote: 3-0
Override (include justification in comments)		Comments:		Abstention:
CICB CHAIRPERSON		Date:		Vote:
Override (include justification in comments)		Comments:		Abstention:
IRCB CHAIRPERSON:		Date:		Approved:
Override (include justification in comments)		Comments:		Disapproved:

D00336



**DELAWARE DEPARTMENT OF CORRECTION  
RECLASSIFICATION FORM (WOMEN AND MEN)**

FORM # 955 (3 pt.)

OFFENDER NAME: Hopkins Shane SBI #: 253918 DOB: 10/05/73 DATE: 07/08/03  
 INSTITUTION: DCC Prior Classification Date: 07/18/2003  
 CURRENT SECURITY: Community/Minimum Minimum Medium Maximum  
 SENTENCE LENGTH: 16 X X EFF. DATE: 03/07/95 STRD: 07/29/09 PED: + TIS: ✓ NON-TIS:      
MD Sentence Concurrent

## RISK REASSESSMENT

## SEVERITY OF CURRENT OFFENSE FOR WHICH INCARCERATED

Current Offense (include other State, if applicable)

Burglary 2<sup>nd</sup> X 2  
 Low Severity ..... 0  
 Moderate Severity ..... 2  
 High Severity ..... 4  
 Highest Severity ..... 6 2

## OTHER OFFENSES/BAIL STATUS

Other Offenses(s)/Bail Amount:

NJ - Gloucester County Detainer  
Violation Parole - PA Detainer  
 None or pending probation violation, outstanding misdemeanors, or bail below \$5,000 ..... 0  
 Active Federal, including Immigration and Naturalization Service and/or State warrant or charge(s) with bail of 5,000 to \$49,999... 2  
 Pending charges without bail (not a bailable offense, include Violation of Parole) or bail of \$50,000 or more ..... 4 4

## ESCAPE/FAILURE TO APPEAR (FTA) HISTORY

Escape History:

none indicated  
in history (date and type/class)  
 None or one or more incidents of FTA (capias issued) or military AWOL ..... 0  
 Walk-off from work release, furlough, Delaware Psychiatric Center, community and/or outside job assignment, courtrooms, police (city, state, military, etc.), Recovery Center within the past 3 years ..... 2  
 Attempted escape from a secure correctional institution within the past five years or escape from a secure facility ten + years ago ..... 3  
 Escape from a secure correctional institution within the past ten years ..... 5 0

## CURRENT AGE

Current Age:

29  
 Age 39+ ..... 0  
 Age 23 years or less ..... 1  
 Age 28-38 ..... 2  
 Age 24 - 27 ..... 3 2

## SEVERITY OF CRIMINAL HISTORY IN THE LAST 5 YEARS

Most Serious Prior Conviction (include Level I-IV, other States):

1/30/90  
Burglary 2<sup>nd</sup>  
Juvenile  
 No prior conviction ..... 0  
 Low Severity conviction ..... 0  
 Moderate Severity conviction ..... 2  
 High Severity conviction ..... 3  
 Highest Severity conviction ..... 4 0

## NUMBER OF CLASS I/MAJOR DISCIPLINARY FINDINGS OF GUILT (since initial or last regular reclassification)

One  
 None ..... 0  
 1 Disciplinary Finding of Guilt ..... 2  
 2 - 3 Disciplinary Findings of Guilt ..... 3  
 4+ Disciplinary Findings of Guilt ..... 5 2

Actual Number of Class I Disciplinary Findings:

PDC - 9/8/02

## INSTITUTIONAL MISCONDUCT HISTORY (Consider institutional reports during last 5 years.)

First incarceration or no prior Major/Class I Institutional Reports ..... 0  
 Major/Class I - Non Predatory Institutional Misconduct Report ≥ 37 months ..... 1  
 Major/Class I - Non Predatory Institutional Misconduct Report within last 36 months  
 or Predatory/Assaultive ≥ 37 mths ..... 3  
 Major/Class I - Predatory/Assaultive Institutional Misconduct Report w/in 13 - 36 months ..... 5  
 Major/Class I - Predatory/Assaultive Institutional Misconduct Report within past 12 months ..... 7 05  
 Most Serious Institutional Misconduct Report: Assault, DTB  
 Date of Most Serious Misconduct Report: 6/28/02

D00337

**PERFORMANCE IN TREATMENT PROGRAMS/WORK ASSIGNMENTS**Program Status: On List

Completed all recommended program(s) AND is currently working .....-2  
 Completed some programs, is working and on waiting list for other recommended programs .....-1  
 Enrolled in recommended program or no treatment recommended and is working .....0  
 Medically discharged/excused or successfully completed all recommended programs .....0  
 On waiting list for recommended program and work, due to lack of availability .....0  
 Dropped out or failed to complete or was dismissed from program and/or work prior to completion .....2  
 Unsuccessful (refused work and/or program participation).....3

**RISK REASSESSMENT SCORE:** 15**RISK ASSESSMENT SCALE:**Community/Minimum  
-02 to 04Minimum  
05 - 08Medium  
09 - 16Maximum  
17 or more**Preliminary Security Level** (Check scored security level)☐ Community/Minimum☐ Minimum☒ Medium☐ Maximum**OVERRIDES:**

Any one of the conditions listed below may serve as basis for an override, resulting in higher or lower security than indicated by the preliminary score. (Check all that apply and comment as deemed appropriate.)

☐ Protective Custody or Need for separation from General Population: \_\_\_\_\_  
☐ Documented membership in security threat group \_\_\_\_\_  
☐ Pending institutional reports under investigation \_\_\_\_\_  
☐ Notorious/high profile case \_\_\_\_\_  
☐ Mental Health: \_\_\_\_\_  
☐ Physical/Medical limitations that could affect housing placement \_\_\_\_\_  
☐ Court Order: \_\_\_\_\_  
☐ Time to Serve: \_\_\_\_\_  
☐ Other (specify): \_\_\_\_\_

**Recommended Security Level** (Check recommended security level.)Community/Minimum☐ Minimum☒ Medium☐ MaximumCorrectional Worker: Cassie ArnoldDate: 07/08/03Comments: Recommend continue medium/high security.**Final Security Level** (Check appropriate security level)☐ Community/Minimum☐ Minimum☐ Medium☐ Continue Medium - MPO☐ Maximum

Classification Officer/Unit Supervisor (signature required for overrides; optional for other decisions)

Date

**NOTE:** Classification Officer/Unit supervisor may change recommendation of classification worker, but must provide written justification.

Comments: \_\_\_\_\_

Housing Assignment: \_\_\_\_\_

Next Classification Date: \_\_\_\_\_  
(month and year)

\*Program Assignment(s): \_\_\_\_\_

\*Work Assignment: \_\_\_\_\_

\*Changes: \_\_\_\_\_

Appendix E

## DELAWARE CORRECTIONAL CENTER — MEMORANDUM

TO: Inmate Hopkins Shane, SBI# 253918, Housing Unit MHU  
 VIA: Counselor Kramer  
 FROM: I.B.C.C.  
 DATE: 7-18-02  
 RE: Classification Results

Your M.D.T. has recommended you for the following: Cont MAX/MHU  
Interstate Compact

The I.B.C.C.'s decision is to:

☒ Approve \_\_\_\_\_  
☐ Not Approve \_\_\_\_\_  
☐ Defer \_\_\_\_\_  
☐ Recommend \_\_\_\_\_  
☒ Not Recommend Interstate Compact

## BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you _____	

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: \_\_\_\_\_

OTHER: Rev 7/03

## ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: \_\_\_\_\_



**BUREAU OF PRISONS RECLASSIFICATION FORM #004****I. Vital Indicators/Sentencing Information**

Inmate Name Hopkins, Shane AKA \_\_\_\_\_ SBI No 253918 Date of Birth 10/18/68  
 Facility DCC Security/Custody Level M49 Housing Area M44  
 Current Offense(s) Burglary 2nd (x3)

Level V Sentence: Year(s): 16 Month: 8 Day(s): 0 Truth in Sentence? Yes ☒ No ☐

Sentence Effective Date 3/1/95 STRD: 7/29/09 PE Date: \_\_\_\_\_ Parole Rehearing Date \_\_\_\_\_

Mandatory Sentence: Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ Day(s) \_\_\_\_\_ Level IV Sentence? Yes ☒ Length 1 year  
 No ☐ 1 1/2 years

Detainer(s)? Yes ☒ Agency Superior Court Open Charge(s)? Yes \_\_\_\_\_ 4204K? Yes \_\_\_\_\_ End Date of 4204K \_\_\_\_\_  
 No \_\_\_\_\_ New Jersey No ☒ No ☒  
 4205L? Yes ☒ 4214B/Habitual Offender? Yes ☒  
 No ☒ No ☒

**II. Prior Criminal History**

Escape History (List date, charge for which convicted, and location from which escape occurred):

12/10 Northampton County PA

Sex Offenses (List date, charges, and ages of victim(s) for all sex offenses):

0

DNA sample obtained? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, contact Institutional Investigator)

List the most serious offenses in the past 10 years (not previously listed in Escape History or Sex Offenses).

Current

DUI Information (Complete if inmate is serving a sentence for DUI)

Has information been verified via Motor Vehicle Records? Yes ☒ No ☐ No. of DUI's \_\_\_\_\_

Date(s) of offense(s): 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> N/A 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

BO P FORM 004

III - Institution Disciplinary History (summarize last 6 months - include dates, offenses, dispositions)

2/16/02 PNDC, FTU 5 days LOAP

IV - Current Program Participation/Work Assignment (Justification for Request/Change or Recommendation must be recorded on page 3.)

max/SHU

V. Program Request/Change or Recommendation

MDT Recommendation:

Housing/Security Level Continue max

No more write 4

Employment \_\_\_\_\_ On/Off Grounds \_\_\_\_\_

Education \_\_\_\_\_ Treatment Program Continue max/SHUWork Release \_\_\_\_\_ Supervised Custody Program

Halfway House Worker \_\_\_\_\_ Highway Work Project \_\_\_\_\_

Other Recommendation: \_\_\_\_\_

Furlough \_\_\_\_\_ To Visit: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Purpose of Visit \_\_\_\_\_

Has inmate had prior participation in any program recommended? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of prior approvals for any program recommended \_\_\_\_\_

Is exception to standards requested? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, give reason for exception) \_\_\_\_\_

VI. Victim Notification Information

Offender's Release Address (if required) \_\_\_\_\_

Name of Victim(s) \_\_\_\_\_

Last Known Address of Victim \_\_\_\_\_

Todd HironDate 6/16/02Signature of Counselor Supervisor Bob BurtDate 7/16/02MDT ReviewMTD: Recommended Therapy 2 Pate Not Recommended \_\_\_\_\_Vote 2-0

Signature of MDT Chairperson \_\_\_\_\_

Date 7/9/02IBCC ReviewIBCC: Approved ✓ Disapproved \_\_\_\_\_ Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_ Vote 3-0Signature of IBCC Chairperson Reyn J. JernsDate 7-19-02

Comments \_\_\_\_\_

CICB Review

CICB: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_ Vote \_\_\_\_\_

Signature of CICB Chairperson \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_

IRCB Review

IRCB: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Vote \_\_\_\_\_

Signature of IRCB Chairperson \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_

Distribution After Final Committee Review

Copy to: Classification

Institution File (original)

Special Programs Office (as required)

## INTERSTATE CORRECTION COMPACT TRANSFER REQUEST FORM

A. Name: Shane Hopkins SBI#: 253918 DOB: 10-05-73  
 Charge(s): 8cts Burglary 2nd

Sentence: 11yrs @ US Effective Date: 3/7/95 STRD: 7/29/09 PE: N/A

Reason for Request: I am not and never have been a resident of the state of Delaware. My family lives in Pennsylvania and is willing to provide me with support in the form of a place to live and a job upon my release. I was on Protective Custody and even though I believe the physical danger has passed I don't know how I will be received in General Population.

B. Review and Recommendation (Note: MDT/IBCC for offender initiated requests only)

MDT: Recommend ☐ Not Recommend ☒

Comments: Need more time for offense behavior.

SHU Behavior not very old - need more time with no disciplinary infractions. Recommend wait til in medium security

Signature: Jodi Krame Date: 6/21/02

IBCC: Recommend ☐ Not Recommend ☐

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Warden: Recommend ☐ Not Recommend ☐

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IRCB: Recommend ☐ Not Recommend ☐

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bureau Chief: Approved ☐ Disapproved ☐

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



TO: Hopkins, Shane SBI# 283918

FROM: Kramer, Counselor

DATE: 5/29/02

RE: QUALITY OF LIFE LEVEL REVIEW

This is to inform you that the Quality of Life Review Committee has reviewed your Quality of Life Level placement. The Committee has determined your level:

Shall remain at Level

Shall be downgraded based on the following reason(s):

### Failure to follow treatment plan

### Institutional behavior

### Criminal History

Other/

✓ Shall be upgraded to Level 4 based on completion of your current treatment plan and your positive behavior.

**Your new treatment plan is listed below. You are required to successfully complete this plan before any review for upgrade by the Quality of Life Committee.**

## TREATMENT PLAN

Anger Management  
Values  
Stress  
Eval. for education

**Three part form:**  
**Original:** Records  
**Pink:** File  
**Yellow:** Inmate

Inmate signature Sharl Hopkins  
Date \_\_\_\_\_

000343

Appendix E

## DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

TO: Inmate Hopkins Shane, SBI# 253918, Housing Unit SHU  
 VIA: Counselor Arnold  
 FROM: I.B.C.C.  
 DATE: 4-4-02  
 RE: Classification Results

Your M.D.T. has recommended you for the following:

Continue MAX/SHU

The I.B.C.C.'s decision is to:

☒ Approve \_\_\_\_\_  
☐ Not Approve \_\_\_\_\_  
☐ Defer \_\_\_\_\_  
☐ Recommend \_\_\_\_\_  
☐ Not Recommend \_\_\_\_\_

## BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you _____	

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: \_\_\_\_\_

OTHER: Rev 4/03

## ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: \_\_\_\_\_

Copy to: Classification  
 Inmate  
 Institution File

Form #456 (3 Part NCR)  
 Revised 11/97

000344